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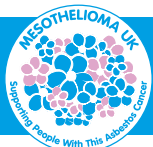
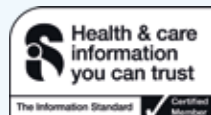
INDWELLING PLEURAL CATHETER

Reviewed By: Lorraine Creech

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Supporting People With This Asbestos Cancer



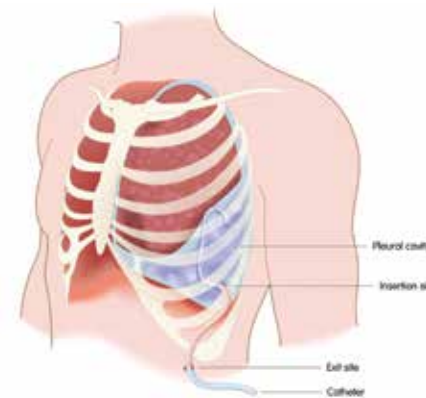
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Supporting People With This Asbestos Cancer

What is a Indwelling Pleural Catheter (IPC)?

A IPC is a small tube designed to drain fluid from around your lungs easily and painlessly whenever it is needed. It avoids the need for repeated injections and chest tubes every time the fluid needs to be drained.

The drainage can be performed either by you, your carer or by a district nurse. The IPC is a soft flexible tube that is thinner than a pencil, which remains inside the chest and passes out through the skin. There is a valve on the outer end of the IPC to prevent fluid leaking out.



Why do I need a IPC?

The pleural space consists of two thin membranes – one lining the lung and the other lining the chest wall. Between these layers there is usually a very small space which is almost dry. In your case fluid has collected in this space so that the lung cannot expand properly. This makes you short of breath.

What can be done to help me when this happens?

Draining away the fluid helps relieve breathlessness for a time, but the fluid then often reaccumulates making you short of breath again. It is possible to have the fluid drained repeatedly, by coming to hospital and having a doctor or nurse pass a needle between the ribs under local anaesthetic to draw the fluid off. Some patients find repeated trips to hospital and repeated drainage procedures inconvenient and uncomfortable. The IPC is a way of allowing fluid to be drained as often as

required in your own home without the need for any needles. Some patients have said that they prefer this solution to the fluid problem.

How is the IPC put in my chest?

The IPC will be put into your chest in a special procedure room.

You will be asked to lie in a comfortable position. Usually the doctor will examine the chest with an ultrasound scanner to identify the best place to insert the IPC.

The ultrasound scan is not painful. It involves having a probe covered with jelly moved over your skin. The jelly is wiped off your skin at the end of the scan. Some sedative medication may be given through a needle in your arm to make you sleepy.

This is not an anaesthetic and it is common for you to remember some of the procedure despite this sedative injection. Some people choose to have the procedure without a sedative injection.

Once you are resting, your skin will be cleaned with an antiseptic fluid. This often feels cold. A local anaesthetic is then injected into the skin to numb the area where the IPC will go. This can sting and feel mildly uncomfortable but this feeling passes off quickly.

Your doctor will then make two small cuts in the numb area of skin and create a path for the IPC. This should not be painful although you may feel some pressure or tugging. One cut is for the IPC to pass through the skin, and the second is for it to be passed into the chest. The IPC is then positioned into the chest.

Will it be painful?

The local anaesthetic is used so that you should not feel the IPC going in. Painkilling medications may be given to control any discomfort. At the end of the procedure the chest may feel bruised or sore for about a week. The medical staff will provide you with painkilling tablets to relieve this discomfort.

How long do I have to stay in hospital?

The procedure may require a short stay in hospital or can sometimes be done as a day case. If you have had a sedative for the procedure, someone will need to drive you home because it would be unsafe for you to drive for 24 hours.

Similarly, you should not operate any dangerous machinery or enter into any legally binding agreements within 24 hours of having a sedative.

How does the drain stay in position?

IPCs are designed to be a permanent solution to the problem of pleural fluid (although they can be removed if they are no longer needed). There is a soft collar around the IPC which sits under the skin. The skin heals around the collar and keeps it securely in position. This prevents the IPC from falling out.

Who will drain the fluid from my IPC once it is in place?

Drainage of the fluid is a straightforward procedure. There are a number of ways this can be undertaken.

A trained member of staff will be able to teach you, a relative or a friend, how to drain the fluid so that it can be done in your home. If, however, you or your relative or friend are unable to drain the fluid, then arrangements can be made for a member of the hospital team or a district nurse to do this for you. If this is not possible arrangements can be made to have the fluid drained at the hospital. All these arrangements will be made for you, so you will not need to organise any of this for yourself.

How often can I drain fluid and how often do I need to do this?

When your IPC is inserted most of the fluid from your chest will be removed at

the same time. How quickly the fluid comes back varies between people. Some patients need daily drainage while others may require only weekly drainage or less.

You can drain fluid as often or as infrequently as needed. You will be advised how often this may need to be done.

Are there any risks with insertion?

In most cases the insertion of a IPC is a routine and safe procedure. There are some problems associated with IPC insertion, including:

Pain: Most people get some discomfort from their IPC in the first week. You will be provided with painkilling medication to control this.

Bleeding: During the insertion, the doctor may accidentally damage a blood vessel and cause bleeding. The use of an ultrasound scan immediately before insertion reduces this

risk to a minimum. In the largest reported study of IPC 1 in 125 patients had some bleeding following IPC insertion.

Are there any risks associated with long term IPC use?

Generally IPCs are well tolerated in the long term. Sometimes IPCs can become infected but this is uncommon (affecting about one in 50 patients). Your doctor will thoroughly clean the area before putting in the chest drain and you will be taught how to keep your IPC clean.

You will be given telephone numbers of who to contact should you have any problems, for example, fever, increasing pain or redness around the IPC area.

Sometimes the cancer can affect the area around the IPC, causing lumps to form under the skin around the IPC. These may be uncomfortable or painful in some patients. Sometimes radiotherapy is used to help prevent this.

Please let your doctors know if you develop a lump, or any pain, around your IPC. If this problem does develop your doctor will advise you on appropriate treatment.

Can I wash and shower normally?

Initially after insertion there will be a dressing placed on the IPC and you will be asked to keep this dry until the stitch is removed seven days later. Providing the

site is then clean and dry you will be able to bath and shower normally. After a month it is even possible to go swimming.

When is the IPC taken out?

IPCs are designed to remain in position permanently.

However, sometimes the fluid in the chest dries up and the IPC is no longer needed. In this situation the IPC can be removed as a day-case procedure.

Your feedback is encouraged

If you would like any further information about this procedure or if any problems arise, please contact your doctor or nurse.